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 TITLE: Insufficient remodelling of the uterine connective tissue
 in women with protracted labour.
 AUTHOR: Granstrom L; Ekman G; Malmstrom A
 CORPORATE SOURCE: Department of Obstetrics and Gynaecology, Karolinska
 Institutet, Danderyd Hospital, Sweden.
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AB OBJECTIVE--To investigate the association between a slow progress of
labour and insufficient remodelling of the uterine connective
 tissue. DESIGN--An open comparative study. SETTING--Danderyd Hospital,
 Department of Obstetrics and Gynaecology, referral centre.
 SUBJECTS--Eleven women (study group) in oxytocin augmented labour
 but with an unripe cervix in whom vaginal delivery could not be
 accomplished and 12 women (normal labour group) in normally
 progressing spontaneous labour and a favourable cervix but who
 needed to be delivered by caesarean section due to signs of fetal
 distress. INTERVENTIONS--At caesarean section tissue specimens were
 obtained from the fundus, the isthmus and the cervix uteri. MAIN OUTCOME
 MEASURES--Collagen concentration and extractability, collagenolytic
 activity expressed as DNP-peptide hydrolytic activity and the
 concentrations of sulphated glycosaminoglycans (S-GAG) and
 hyaluronic acid (HA) in the tissue specimens. RESULTS--Statistically
 significantly higher concentrations and lower extractability of collagen
 in the isthmus and the cervix uteri was found in women with slow progress
 of labour compared with those with normal labour.
 CONCLUSIONS--An insufficient remodelling of the connective tissue in the
 cervix and isthmus uteri may contribute to slow progress of labour.

L18 ANSWER 2 OF 2 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN
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 AUTHOR(S): Korin, J. [Reprint author]; Ferro, H. [Reprint author];
 Tartas, N. [Reprint author]; Barazzutti, L. [Reprint
 author]; Porterie, P. [Reprint author]; Rodrigo, M.
 [Reprint author]; Kordich, L. [Reprint author]; O'Flaherty,
 E.; Malvino, E. [Reprint author]; Avalos, J. Sanchez
 [Reprint author]
 CORPORATE SOURCE: Clinica y Maternidad Suizo Argentina, Buenos Aires,
 Argentina
 SOURCE: Blood, (November 16, 2000) Vol. 96, No. 11 Part 2, pp. 85b.
 print.
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AB Introduction: Obstetric coagulopathies (OC) are, according to the
 literature, associated with significant morbidity and mortality, but some
 of the reports can now be considered outdated. Methods: Retrospective
 analysis of a clinical series of 36 consecutive women with post-partum
 life-threatening bleeding in whom DIC or hyperfibrinolysis was diagnosed
 between 1993-1999. Exclusion criteria: 1) Local causes of bleeding and no

lab signs of consumptive coagulopathy (CC), 2) Hemorrhages due to other hemostatic defects and 3) Blood tests of CC in pts with insignificant bleeding. Results: Mean age: 32.5 years (23-42), mean week of gestation: 36 (3-40). Etiologies: uterine atony 11, abruptio placentae 8, uterine tears 8, placenta accreta 5, dead retained fetus 4, placenta previa 3, post cesarean section 3, protracted labor 1. Clinical signs of unfavorable evolution (CSUE) predetermined by us, were seen in 5/36 pts and included one or more of the following: a) bleeding in multiple sites, shock not due to volume depletion, necrotic purpura, evidence of an altered flow in microvascular beds. Mean values of coagulation tests: PT 34% (0-70%), aPTT 78 sec (40-180), fibrinogen 103 mg/dl (10-420), Factor V 0.36 U/dl (0.1-0.8), Factor VIII 0.62 U/dl (0.07-1.1), platelet (P) counts 110.000/mm³ (10.000-290.000), FDP 301 mug/ml (12-1000). 29 pts were diagnosed as DIC and 7 as secondary hyperfibrinolysis. Therapy included obstetric treatment of the underlying cause, supportive measures to maintain blood volume and replacement of depleted clotting factors (CF). Hysterectomy was performed in 18 pts (50%); all pts were transfused: mean units were: fresh frozen plasma 7.5 (0-29), red cells 8.6 (0-31), P 7 (0-52), cryoprecipitates 8 (0-61). In 3 out of 5 pts with CSUE, heparin (UFH) indicated (7.500 U to 15.000 U by IV infusion) After bleeding arrest, all received UFH 5000 U SQ t.a.d. for DVT prophylaxis. Hyper fibrinolysis was treated with aprotinin: 5 pts, or epsilon aminocaproic acid: 2 pts). Adverse clinical events were: abdominal and pelvic hematomas: 7 (2 of them with Gram + superinfection), acute renal failure (2), ARDS (3), colonic necrosis (1) and sepsis with MOF and death (1). Only one clinical episode of DVT was observed: thrombosis of the ovarian vein extensive to IVC. Mean time to complete recovery of CF was 1 day and of P, 4 days. Overall survival was 97%. Conclusions: Obstetric coagulopathies have a relative good outcome compared to other causes of DIC. Heparin or anti fibrinolytic drugs are indicated in selective patients. According to our results, new therapeutic agents such as ATIII and PC concentrates, or direct antithrombin agents seem probably unworthy in OC.